

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 18-OCT-2013	TIME 01:24:00	2. ADDRESS OF OCCURRENCE 3255 S HALSTED ST , Apt 2R CHICAGO, IL 60608	3. LOCATION CODE 090	4. BEAT/OCCIR 0915					
	6. POSITION 9161	6. LAST NAME DE LA HUERTA	7. FIRST NAME ROY	8. STAR NO. 10009	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 601	12. HT 182	13. WT	
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT 21-JUN-1999	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 009 0913R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME VALDEZ	21. FIRST NAME FELIX	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 230		
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/OTHER CUTTING INSTRUMENT, KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED [REDACTED]	<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA		
MEMBER'S RESPONSE <input type="checkbox"/> DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER [REDACTED] AT OFFICERS		40. ASSAULTANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		41. ASSAULTANT:BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		42. ASSAULTANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		43. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		44. KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		45. FIREARM <input type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	46. ADDITIONAL INFORMATION SUBJECT ARMED WITH TWO KNIVES									
	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	47. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	48. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	49. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	50. WEATHER CONDITIONS CLEAR	51. MAKE/MANUFACTURER [REDACTED]	52. MODEL [REDACTED]	53. BARREL LENGTH [REDACTED]
55. TASER DART ID NO [REDACTED]	56. WEAPON SERIAL NO. (Include Letters) [REDACTED]	57. CHICAGO GUN REG. NO. [REDACTED]	58. IL FIREARM OWNER ID. NO. [REDACTED]	59. HANDGUN CERTIFICATE NO. [REDACTED]	60. SPECIAL WEAPON CERTIFICATE NO [REDACTED]	61. PROPERTY INVENTORY NO. [REDACTED]	62. TYPE OF AMMUNITION USED [REDACTED]	63. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 0	64. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
65. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	66. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	67. NO. OF CATALOGUES/SHOT SHELLS RELOADED [REDACTED]	68. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	69. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
70. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	72. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]	73. REPORTING MEMBER (Print Name) DE LA HUERTA, ROY 18-OCT-2013 05:40:12	STAR/EMPLOYEE NO 10009	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) PTASZKOWSKI, TODD E	STAR NO. 1348	SIGNATURE [REDACTED]	DATE REVIEWED 18-OCT-2013 05:41:14	
CASE INFO.	75. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	76. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
	77. REVIEWING SUPERVISOR (Print Name) PTASZKOWSKI, TODD E									

1329100658  
71. EVENT NO.

HW497234  
71. R.D. NO.

log 106552  
att.4

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Deceased

**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

I have concluded that the members actions were in compliance with Department procedures and directives.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JRNO. 1065582 OBTAINED

**78. WATCH COMMANDER/OCIC (Print Name)**  
**FLETCHER, CHRISTOPH D**

SIGNATURE



DATE COMPLETED TIME  
**18-OCT-2013 05:50:56**

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- |  |  |
|--|--|
| <input type="checkbox"/> CASE REPORT   | <input type="checkbox"/> SUPPLEMENTARY REPORT                                |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT                   |
|  | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

- |   |
|---|
| <input type="checkbox"/> L.O.D. REPORT        |
| <input type="checkbox"/> CR INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

**1**